



Missouri Gaming Commission
Bingo Division
P. O. Box 1847
Jefferson City, MO 65102

IMPORTANT INFORMATION - PLEASE READ

Dear Bingo License Applicant:

Enclosed is an application for a Missouri Bingo License. Before completing the application form, please read the following information carefully to determine if your organization qualifies for a bingo license.

PLEASE NOTE: EFFECTIVE JANUARY 1, 1995, NO RENTED OR REUSABLE (HARD CARDS) BINGO CARDS MAY BE USED TO CONDUCT ANY GAME. ALL GAMES MUST BE CONDUCTED WITH DISPOSABLE PAPER CARDS THAT ARE MARKED BY PERMANENT INK.

To qualify for a bingo license, you must be one of the following not-for-profit organizations. Also, you must have obtained an exemption from the payment of federal income taxes, as provided in the appropriate section of the Internal Revenue Code of 1954, as indicated below.

1. **Charitable** - 501(c)(3)
2. **Fraternal** - 501(c)(5), 501(c)(8), or 501(c)(10)
3. **Religious** - 501(c)(3) or 501(d)
4. **Service** - 501(c)(4), 501(c)(5), or 501(c)(7)
5. **Veterans** - 501(c)(19)

The Missouri Bingo License Application, Form 100, must be completed in its entirety and must be signed by the PRESIDENT and SECRETARY of the organization. Please refer to the application for instructions and additional attachments required.

The Missouri Bingo Statute Booklet is available. You may obtain the booklet by forwarding a letter of request and a check in the amount of \$15.00 payable to the Missouri Gaming Commission.

Please mail the completed application and applicable documentation to the Missouri Gaming Commission, Bingo Division, P. O. Box 1847, Jefferson City, MO 65102. If you have questions, please call 573-526-5370 or toll free at 1-866-801-8643. FAX 573-526-5374. You may also visit our web site at www.mgc.state.mo.us.



MISSOURI GAMING COMMISSION
BINGO DIVISION
PO BOX 1847, JEFFERSON CITY, MO 65102
TELEPHONE: (573) 526-5370 FAX: (573) 526-5374
MISSOURI BINGO LICENSE APPLICATION

FORM

100

(REV. 7-00)

PLEASE TYPE OR PRINT LEGIBLY

POSTMARK

EFFECTIVE DATE

EXPIRATION DATE

• PLEASE PRINT OR TYPE ALL RESPONSES

• ANSWER ALL QUESTIONS

• DO NOT WRITE IN SHADED AREAS

INCOMPLETE APPLICATIONS WILL BE RETURNED. ALLOW 4-6 WEEKS TO PROCESS. TYPE OR PRINT USING BLACK INK

1. TYPE OF APPLICATION (CHECK THE APPLICABLE BOX)

- ☐ REGULAR ANNUAL LICENSE - \$50.00 FEE
☐ SPECIAL BINGO AND PULL-TAB LICENSE - \$25.00 FEE

1a. IF YOUR ORGANIZATION PREVIOUSLY HELD A BINGO LICENSE OF ANY TYPE PROVIDE THE LICENSE NUMBER PREVIOUSLY ISSUED

2. TYPE OF ORGANIZATION

- ☐ RELIGIOUS ☐ VETERAN ☐ FRATERNAL ☐ CHARITABLE ☐ SERVICE ☐ OTHER

3. IRS EXEMPTION CODE (ATTACHMENT REQUIRED)

- ☐ 501(C)3 ☐ 501(C)4 ☐ 501(C)5 ☐ 501(C)7 ☐ 501(C)8 ☐ 501(C)10 ☐ 501(C)19 ☐ 501(D)

4. ORGANIZATION NAME

FEIN NUMBER

ORGANIZATION'S MAILING ADDRESS

ORGANIZATION TELEPHONE NUMBER

CITY

STATE

ZIP CODE

COUNTY

5. ORGANIZATION'S PHYSICAL LOCATION, I.E. STREET ADDRESS, HIGHWAY NUMBER, ETC. DO NOT USE A P.O. BOX OR RURAL ROUTE.

CITY

STATE

ZIP CODE

COUNTY

6. How long has applicant organization been in existence? _____

7. If not incorporated, state how and when organized. _____

7a. If the organization is incorporated, indicate place and date of incorporation. _____

Also, attach a copy of the organization's Certificate of Corporate Good Standing **and** Articles of Incorporation from the MO Secretary of State's Office. If incorporated through the County Court, please attach a copy of the Pro Forma Decree of Incorporation.

8. Has your organization had twenty or more bona fide members for each of the previous five years? ☐ YES ☐ NO
(Attach proof of twenty members.)

9. Physical location where the bingo game will be conducted, i.e.: Street Address, Highway Number, etc. Do not use a P.O. Box or Rural Route _____

Will bingo games be conducted on premises owned by the applicant organization? ☐ YES ☐ NO

If no, provide a premise lease agreement signed by an officer of the organization and an officer of the Hall Provider.

Also, indicate the Hall Provider's License Number _____

10. Please indicate below if the bingo games will be conducted with equipment owned or co-owned by the applicant organization or leased from a licensed supplier or manufacturer.

- ☐ Owned - If purchasing new equipment, attach a copy of a purchase agreement with the licensed supplier.
☐ Co-owned - If co-owned, a co-ownership of bingo equipment agreement must be attached and signed by all co-owners.
☐ Leased - If leased, a lease agreement must be attached and signed by an officer of your organization and the licensed supplier.

11. Day of week bingo is to be conducted: Day _____ Time _____ ☐ AM ☐ PM

12. If applying for a Special Bingo License, state date _____

Name of event _____

Do you intend to play a Progressive Game at this event? (See instructions) ☐ YES ☐ NO

13. Has your organization ever had any previous bingo application refused, revoked or suspended? ☐ YES ☐ NO

If yes, what was your bingo license number _____

14. Describe the purpose for which bingo proceeds will be used in detail _____

15. License number of your bingo supplier(s) _____

16. Designated person who will be responsible for the completion of this application on behalf of the organization. This individual must also be required to notify the Commission as to any changes in the application or organization.

Name _____ Street _____

City _____ State _____ Zip Code _____ Daytime Telephone _____

17. Complete Schedule A and attach to application.

The undersigned do hereby state under penalties of perjury that all statements in the foregoing application are true and correct; that the officers, operators, and workers of the game are two year bona fide members of the sponsoring organization, have not been convicted of a felony; and they are fully aware of eligibility restrictions stated in Section 313.035 RSMo and 313.040(2) RSMo. The organization acknowledges that any license granted by the Commission is subject to the provisions of Chapter 313 RSMo and the Regulations promulgated thereunder. Failure to comply thereto will subject its license to suspension or revocation. Further, the organization agrees to allow inspections by the Commission made in accordance with the above and authorizes the Commission or its agents to examine and secure copies of any records or documents in connection with its bingo game, to include those on file with a bookkeeper. The organization authorizes the Commission to secure copies of financial records to include, but not limited to, signature cards, checking and savings accounts, deposit and withdrawal records and any other financial records established in connection with the organization. **Failure to submit records requested could result in the immediate suspension or revocation of your bingo license.**

SIGNATURE OF PRESIDING OFFICER	DAYTIME TELEPHONE	SIGNATURE OF SECRETARY	DAYTIME TELEPHONE
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WARNING

Each question must be answered fully, accurately and completely. Any misrepresentation or omission can result in the denial, suspension or revocation of your application and/or license. When information is unknown, so indicate. You must make a reasonable inquiry to determine the answers to all questions. Any statement that is not true or not disclosed, which becomes known at any later date, is cause for revocation of the organization's bingo license.

FOR COMMISSION USE ONLY					MAIL APPLICATION AND SUPPORTING DOCUMENTS TO
APPLICATION IS	COMMENTS	LICENSE NO.	CHECK NO.	LICENSE FEE	MISSOURI GAMING COMMISSION BINGO DIVISION PO BOX 1847 JEFFERSON CITY, MO 65102
<input type="checkbox"/> APPROVED	SIGNATURE			\$	
<input type="checkbox"/> DISAPPROVED				DATE	

MISSOURI BINGO LICENSE APPLICATION INSTRUCTIONS

- Line 1. Place an "X" in the box beside the type of application for which your organization is applying.
- Line 1a. If your organization previously held a bingo license of any type, provide the license number previously issued in the space provided.
- NOTE:** **Regular Annual License** - This license should be requested if your organization intends to conduct a bingo game on a regular basis (up to one event per week) during the year. Attach \$50.00 license fee.
- Special Bingo and Pull-Tab License** - This license should be requested if your organization intends to hold a bingo game, at which pull-tabs may be sold during an event such as a fair, picnic, festival or celebration, not exceeding one week and which is held not more than once annually. Attach \$25.00 license fee.
- Line 2. Place an "X" in the box beside the type of organization requesting license.
- Line 3. Place an "X" in the box beside the code that denotes the IRS exemption from payment of federal income tax. Attach a copy of the document from the Internal Revenue Service which attests to your exempt status. (note: Not required if previously submitted to the Commission.)
- Line 4. Enter the name, mailing address and telephone number of the organization, and federal identification number.
- Line 5. Enter the organization's physical location, i.e. street address, highway number, county road number, etc. do not use a p.o. box or rural route.
- Line 6. Enter the length of time your organization has been in existence. Provide proof that your organization has been in continuous existence for each of the past five (5) years, i.e. a copy of one (1) bank statement per year for the last five (5) years, a copy of one (1) church bulletin for each of the past five (5) years, etc. (note: Proof is not required if previously submitted to the Commission.)
- Line 7. If the organization **is not** a corporation, enter how and when organized in the space provided.
- Line 7a. If the organization **is** incorporated, indicate the place and date of incorporation in the space provided. Also, attach a copy of the organization's Certificate of Corporate Good Standing **and** Articles of Incorporation from the Missouri Secretary of State's Office. If incorporated through the County Court, please attach a copy of the Pro Forma Decree of Incorporation. (note: Attachments not required if previously submitted to the Commission.)
- Line 8. Place an "X" in the space provided for the correct response. Attach a copy of a membership roster which includes the date of membership, and contains at least twenty individuals who have been members for the previous five years. (Proof is not required if previously submitted to the Commission.)
- Line 9. Enter the exact physical location in enough detail to easily locate where the bingo game will be held. Place an "X" in the space provided for the correct response. If response is NO, the hall provider's license number must be provided, along with a copy of the signed premise lease agreement between the hall provider and the organization.
- Line 10. Place an "X" in the space provided for the correct response. If bingo equipment is owned, attach a purchase agreement or statement explaining how the equipment was obtained. If bingo equipment is co-owned, attach a co-ownership of bingo equipment agreement, which must be signed by **all** co-owners. If bingo equipment is leased, please attach a signed lease agreement between the licensed supplier and your organization.
- Line 11. Enter the day and time bingo is to be conducted.
- Line 12. Enter the date and name of event for Special Bingo License. If you currently hold a regular bingo license number beginning with B-, and you are applying for a special event license, you may conduct your progressive game at the special event if approved by the Commission. If you answer yes: 1. The special event must be open to the public. 2. You must announce at your regular weekly bingo occasions that the progressive game will be played at the special event including the date and time of the event. 3. You must submit a copy of your Progressive Bingo Game Activity Report for the current quarter with your Special License Application.
- Line 13. Place an "X" in the space provided for the correct response. If YES, provide your previous bingo or abbreviated pull-tab license number.
- Line 14. Describe in detail the purpose for which bingo proceeds will be used.
- Line 15. Provide your bingo supplier(s) license number
- Line 16. Enter the name, address and **daytime** telephone number of the individual who will be responsible for the completion of this application on behalf of the organization.
- Line 17. Attach completed Schedule A, including the name, title, address, date of birth and social security number of **each officer** of the organization and all two (2) year bona fide members who will assist in the management, conduct and operation of the bingo game.

The Bingo License Application must be signed by the **Presiding Officer and Secretary of the applicant organization**.

THE FOLLOWING MUST BE SUBMITTED WITH BINGO APPLICATIONS

1. Check or money order in the applicable amount indicated in Line 1 (\$25.00, \$50.00) made payable to the Missouri Gaming Commission.
2. Proof of bingo checking account, i.e. voided check or letter from the bank. (Not required by holder of a Special License, **unless** the organization obtains more than three (3) bingo licenses annually or if previously submitted to the Commission.)
3. All governing instruments of your organization, including, but not limited to, the following: Certificate of Corporate Good Standing and Articles of Incorporation, Constitution and By-Laws, Articles of Agreement. (NOTE: Not required if previously submitted to the Commission.)

MAIL COMPLETED APPLICATION FORM AND REQUIRED ATTACHMENTS TO:

MISSOURI GAMING COMMISSION
BINGO DIVISION
PO BOX 1847
JEFFERSON CITY, MO 65102



MISSOURI GAMING COMMISSION
BINGO DIVISION
PO BOX 1847, JEFFERSON CITY, MO 65102

CURRENT OFFICERS/BINGO OR ABBREVIATED PULL-TAB WORKERS - SCHEDULE A

THE FOLLOWING ARE THE CURRENT OFFICERS/BINGO OR ABBREVIATED PULL-TAB WORKERS OF:

NAME OF ORGANIZATION

BINGO OR ABBREVIATED PULL-TAB LICENSE NUMBER

PLEASE ATTACH ADDITIONAL PAGES, IF APPLICABLE.

OFFICERS

LIST ALL OFFICERS OF YOUR ORGANIZATION. NAMES SHOULD BE AS SHOWN ON THEIR DRIVERS LICENSE. IF THEY DO NOT DRIVE, ENCLOSE A COPY OF THEIR SOCIAL SECURITY CARD TO EXPEDITE PROCESSING.

NAME			NAME				
TITLE		DAYTIME TELEPHONE NUMBER ()	TITLE		DAYTIME TELEPHONE NUMBER ()		
ADDRESS			ADDRESS				
CITY		STATE	ZIP CODE	CITY		STATE	ZIP CODE
DATE OF BIRTH		SOCIAL SECURITY NUMBER		DATE OF BIRTH		SOCIAL SECURITY NUMBER	

NAME			NAME				
TITLE		DAYTIME TELEPHONE NUMBER ()	TITLE		DAYTIME TELEPHONE NUMBER ()		
ADDRESS			ADDRESS				
CITY		STATE	ZIP CODE	CITY		STATE	ZIP CODE
DATE OF BIRTH		SOCIAL SECURITY NUMBER		DATE OF BIRTH		SOCIAL SECURITY NUMBER	

WORKERS

LIST ALL TWO YEAR BONA FIDE MEMBERS WHO WILL ASSIST WITH THE MANAGEMENT, CONDUCT OR OPERATION OF THE BINGO GAMES.

*OFFICERS DO NOT HAVE TO BE LISTED AGAIN.

NAME			NAME				
TITLE		DAYTIME TELEPHONE NUMBER ()	TITLE		DAYTIME TELEPHONE NUMBER ()		
ADDRESS			ADDRESS				
CITY		STATE	ZIP CODE	CITY		STATE	ZIP CODE
DATE OF BIRTH		SOCIAL SECURITY NUMBER		DATE OF BIRTH		SOCIAL SECURITY NUMBER	

NAME			NAME				
TITLE		DAYTIME TELEPHONE NUMBER ()	TITLE		DAYTIME TELEPHONE NUMBER ()		
ADDRESS			ADDRESS				
CITY		STATE	ZIP CODE	CITY		STATE	ZIP CODE
DATE OF BIRTH		SOCIAL SECURITY NUMBER		DATE OF BIRTH		SOCIAL SECURITY NUMBER	

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is correct and complete. I will comply with all of the provisions of Chapter 313 and the regulations adopted thereunder.

SIGNATURE

DATE

WORKERS

NAME				NAME			
TITLE		DAYTIME TELEPHONE NUMBER ()		TITLE		DAYTIME TELEPHONE NUMBER ()	
ADDRESS				ADDRESS			
CITY		STATE	ZIP CODE	CITY		STATE	ZIP CODE
DATE OF BIRTH		SOCIAL SECURITY NUMBER		DATE OF BIRTH		SOCIAL SECURITY NUMBER	

NAME				NAME			
TITLE		DAYTIME TELEPHONE NUMBER ()		TITLE		DAYTIME TELEPHONE NUMBER ()	
ADDRESS				ADDRESS			
CITY		STATE	ZIP CODE	CITY		STATE	ZIP CODE
DATE OF BIRTH		SOCIAL SECURITY NUMBER		DATE OF BIRTH		SOCIAL SECURITY NUMBER	

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CITY		STATE	ZIP CODE	CITY		STATE	ZIP CODE
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ADDRESS				ADDRESS			
CITY		STATE	ZIP CODE	CITY		STATE	ZIP CODE
DATE OF BIRTH		SOCIAL SECURITY NUMBER		DATE OF BIRTH		SOCIAL SECURITY NUMBER	

NAME				NAME			
TITLE		DAYTIME TELEPHONE NUMBER ()		TITLE		DAYTIME TELEPHONE NUMBER ()	
ADDRESS				ADDRESS			
CITY		STATE	ZIP CODE	CITY		STATE	ZIP CODE
DATE OF BIRTH		SOCIAL SECURITY NUMBER		DATE OF BIRTH		SOCIAL SECURITY NUMBER	

NAME				NAME			
TITLE		DAYTIME TELEPHONE NUMBER ()		TITLE		DAYTIME TELEPHONE NUMBER ()	
ADDRESS				ADDRESS			
CITY		STATE	ZIP CODE	CITY		STATE	ZIP CODE
DATE OF BIRTH		SOCIAL SECURITY NUMBER		DATE OF BIRTH		SOCIAL SECURITY NUMBER	

MISSOURI GAMING COMMISSION
BINGO DIVISION
PO BOX 1847
JEFFERSON CITY, MO 65102
(573) 526-5370
FAX (573) 526-5374

PLAYING LOCATION DIRECTIONS - SCHEDULE C

NAME OF ORGANIZATION

BINGO LICENSE NUMBER

PLAYING LOCATION ADDRESS

Please provide detailed directions to your bingo hall starting from a major highway in your city or town.

For Example: Take Highway 63 South to Meramec Street and turn right. There will be a Blockbuster Video on the corner. Go 4 blocks to Charles Street and turn left. Our hall is located at 317 Charles Street.

Directions: